

PTO/SB/17 (01-66)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

			Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	nber 10	0/085,285	
FEE TRANSMITTAL			Filing Date	F	February 24, 2002	
For FY 2006			First Named Inv	entor_F	Frederic LEUBA	
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	• T	Thanh S. Phan	
		Art Unit 2841		841		
TOTAL AMOUNT OF PAYMENT	(\$) 124	10.00	Attorney Docker	t No. IC	CB0188	
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 501281 Deposit Account Name: Griffin & Szipl, P.C.						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
Information and authorization on PTO-2038.						
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)						
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES						
	Small Entity		Small Entity		Small Entity	Fees Paid (\$)
Application Type Fee (Fee (\$		Fee (\$		rees raiu (4)
Utility 300		500	250	200	100	
Design 200		100	50	130	65	
Plant 200		300	150	160	80	
Reissue 300		500	250	600	300	-
Provisional 200	100	0	0	0	0	Small Entity
Fee Description Fee (\$) Fee (\$)						
Each claim over 20 (including Reissues) 50						25
Each independent claim over 3 (including Reissues)						100 180
Multiple dependent claims Total Claims Extra	e Paid (\$)		360 Multiple D	ependent Claims		
Total Claims Extra	Claims Fee x	19) = 10.	e r dia (4)		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims p	oaid for, if greater tha					
Indep. Claims Extra	Claims Fee	<u>e (\$) </u>	e Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): RCE (\$790) with a 2-month EOT (\$450)						
SUBMITTED BY						
Signature	\ 		Registration No. (Attorney/Agent)	31,799	Telepho	one (703) 979-5700
Name (Print/Type) Joerg-Uwe Szipl	(Anonio Magein)		Date Ma	arch 29, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.